

Michigan Department of Community Health

Board of Audiology

P.O. Box 30670

Lansing, Michigan 48909

(517) 335-0918

www.michigan.gov/healthlicense

AUDIOLOGIST LICENSE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Audiology. Questions regarding your application can be directed to the Michigan Board of Audiology at (517) 335-0918 four weeks after the date you sent the application. Please allow 4-6 weeks processing time.

AUDIOLOGIST – LICENSURE BY EXAMINATION

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If you fail to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. You must provide information regarding your qualifications in one of the following methods.

METHOD 1 – DOCUMENTATION FROM ORIGINAL SOURCE

- a. Have official transcripts of a master's or doctoral degree (Ph.D.) in audiology or a doctor of audiology (Au.D.) degree submitted directly to this office from an accredited educational program.
- b. If you do not have a doctor of audiology (Au.D.) degree you must verify completion of at least 9 months of supervised clinical experience in audiology. The Clinical Audiology Work Experience form is attached. This form must be completed and sent to the Board directly from your supervisor.
- c. Arrange for a score report of either your PRAXIS Series II Test in Audiology or the National Teacher's Examination in Audiology to be forwarded to this office directly from ETS (1-800-772-9476 or go to www.ets.org/praxis for additional information).

METHOD 2 – ASHA OR AAA CERTIFICATION

- a. Have ASHA or AAA verify your current or past certification with their organization and have them submit the verification directly to this office. The verification must include your name, the date your certification was issued, the expiration date of your certification and it must specify that your certification was issued in Audiology. (You can contact ASHA at 301-897-5700 or www.asha.org or AAA at 703-790-8466 or www.audiology.org)
3. Verification of licensure from any state where you hold or have ever held an audiologist license or registration. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.

AUDIOLOGIST - LICENSURE BY ENDORSEMENT: (you must be currently licensed in another state or Canada and the requirements for licensure must be substantially equivalent.)

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If you fail to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. Complete Part I of the enclosed Certification of Licensure by Endorsement form. Forward this form to the state or province in which you were initially licensed. You may wish to check with that state or province as a fee is usually charged for this service.
3. Verification of licensure from any state where you hold or have ever held an audiologist license or registration. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
4. If you are not currently licensed in another state or if the requirements of that state are not substantially equivalent to Michigan requirements, you must submit documentation as detailed in #2 and #3 of the audiologist instructions on page 1.

LIMITED AUDIOLOGIST LICENSE

The limited license is intended for those applicants who have earned either a master's or doctoral degree in audiology but who must still complete the 9 months of supervised clinical experience.

1. Complete the application and submit the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. Applications received without a fee will be returned to you and will not be considered by the Board until the proper fee has been received. An application accompanied by the appropriate fee is valid for two years. If you fail to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. Have official transcripts of a master's degree or doctoral degree (Ph.D.) in audiology submitted directly to this office from an accredited educational program.
3. Certification of appointment to a clinical situation where you will be working under the supervision of an individual licensed in this state or who holds a current certification of clinical competence in audiology from the American Speech-Language Hearing Association (ASHA) or board certification from the American Board of Audiology (ABA). A Certification of Appointment form is attached. This form must be completed and sent to the Board directly from your supervisor.
4. Verification of licensure from any state where you hold or have ever held an audiologist license or registration. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
5. If you transfer to a different supervised clinical situation, you must submit a new Certification of Appointment form.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Audiology in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Audiology in writing to request a refund.

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS, SUBSEQUENT RENEWALS ARE VALID FOR A TWO-YEAR PERIOD.

Board of Audiology

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CLINICAL AUDIOLOGY WORK EXPERIENCE FORM

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, certification will not be issued.

EXPERIENCE: If you have been certified by either the American Speech-Language-Hearing Association (ASHA) or the American Board of Audiology (ABA) or you have earned a doctor of audiology degree (Au.D.), you do not need to complete this form.

If you have a master's degree or a doctoral degree (**Ph.D.**) in audiology, you must submit verification of 9 months (1,080 hours) of clinical audiology experience earned under the supervision of a licensed or certified audiologist after you received your degree.

INSTRUCTIONS: Type or print your name exactly as it appears on your application. Send this form directly to your licensed or certified audiology supervisor for completion of Section II. **THIS FORM MUST BE SUBMITTED DIRECTLY TO THE MICHIGAN BOARD OF AUDIOLOGY BY YOUR SUPERVISOR.**

SECTION 1 - APPLICANT INFORMATION: Complete this section and forward to your supervisor.

Applicant's Name	Michigan Permanent License Number (if applicable)
U.S. Social Security Number	Telephone Number

SECTION II - INSTRUCTIONS TO SUPERVISOR: Complete the remainder of this form and return it to the Board of Audiology at the address given above.

Supervisor's Name	Michigan Permanent I.D. Number (if applicable)
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Please answer the following questions about your credentials at the time you supervised the applicant.

For work experience in Michigan:

Were you an ASHA or ABA certified or licensed audiologist in Michigan at the time you supervised the applicant?

☐ Yes ☐ No

For work experience in other state:

Were you licensed or certified as an audiologist in the state where you were providing supervision?

☐ Yes ☐ No

State _____ Type of License or Certificate _____

Please answer the following questions about your supervision of the above named applicant's professional experience in the practice of audiology.

What was your title at the time of supervision?

What was the applicant's title at the time of supervision?

Describe Applicant's Duties _____

Name

I certify that _____ practiced audiology under my supervision at <div style="text-align: center;">(Applicant's Name)</div>	
_____ located at _____ <div style="text-align: center;">(Name of Agency)</div>	_____ <div style="text-align: center;">(Address)</div>
from _____ to _____ for a total of _____ hours. <div style="text-align: center;">(Month/Day/Year) (Month/Day/Year) (Minimum of 1080)</div>	
<p>The Public Health Code requires that: 1) the supervisor be available on a regularly scheduled basis to review the practice of the applicant, to provide consultation, to review records, and to further educate the applicant: 2) there must be continuous availability of direct communication in person or by radio, telephone, or telecommunication.</p>	
Did your supervision fulfill this agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Signature	Date

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www.michigan.gov/healthlicense**CERTIFICATION OF APPOINTMENT TO A
SUPERVISED CLINICAL EXPERIENCE IN AUDIOLOGY**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

INSTRUCTIONS TO APPLICANT FOR LIMITED AUDIOLOGIST LICENSE:

Complete Section I. Type or print your name exactly as it appears on your application. For Section II, send this form to be completed by the person qualified to supervise you where you have been appointed. This certification must be submitted to the Board of Audiology by the supervisor.

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name	
Social Security Number		Date of Birth	
Street Address			
City		State	ZIP Code
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)		

Signature of Applicant	Date
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**APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE AUDIOLOGY
CLINICAL SUPERVISOR FOR COMPLETION OF SECTION II.**

Name

THIS SIDE TO BE COMPLETED BY THE AUDIOLOGY CLINICAL SUPERVISOR**INSTRUCTIONS FOR COMPLETING SECTION II:**

Please complete the following information. Return this completed certification directly to the Michigan Board of Audiology at the address shown on page 1 of this form.

SECTION II - CERTIFICATION OF APPOINTMENT TO CLINICAL EXPERIENCE SITUATION

Name of Organization or Individual Setting
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Street Address of Organization or Individual Setting
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City	State	Zip Code
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I certify that _____ has been duly
(Applicant's Name)

appointed to a position in the clinical area of Audiology beginning _____
(Month/Day/Year)

and ending _____ .
(Month/Day/Year)

I, _____, will serve as the supervisor for the clinical
(Name)
experience in audiology.

I am:

☐ ASHA Certified

☐ ABA Certified

☐ Licensed in Michigan. License Number: _____

Signature of Supervisor

Date of Signature

Print or Type Name of Supervisor

Board of Audiology

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Lansing, MI 48909

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www.michigan.gov/healthlicense

APPLICATION FOR LICENSURE AS AN AUDIOLOGIST

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- ☐ Audiologist License by Examination Fee: \$ 270.00 71-1601-01
- ☐ Audiologist License By Endorsement Fee: \$ 270.00 71-1601-09
- ☐ Limited Audiologist License Fee: \$ 270.00 71-1601-03

Board Use Only

License Number

Date of Licensure

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application.
DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name	
U.S. Social Security Number	Date of Birth	Daytime Telephone Number ()	
Street Address			
City		State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)			
Have you ever been certified by ASHA or AAA? <input type="checkbox"/> No <input type="checkbox"/> Yes- If yes, list which certificate and date issued: _____			
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, list Michigan Permanent I.D./License Number and Expiration Date: _____			

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Applicant's Name

7. Have you ever had a federal or state audiologist license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ☐ Yes ☐ No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☐ No
9. Do you hold or have you ever held a permanent audiologist license in any state? If yes, list the state(s) in which you hold or have held an audiologist license, the license or registration number, the date issued, and how the license was obtained. DO NOT LIST TEMPORARY LICENSES. ☐ Yes ☐ No
- You must have each state board verify licensure directly to this board office.
(Attach additional sheets, if necessary)**

State	License/Registration Number	Date of Issue	How Obtained (Endorsement or examination)

**Provide a complete chronological record of your educational preparation.
Attach additional sheets if necessary.**

Name and address of Institution	Dates of Attendance		Degree
	From	To	

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date

Michigan Department of Community Health
Board of Audiology
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918

CERTIFICATION OF LICENSURE BY ENDORSEMENT

Authority: Public Act 368 of 1978, as amended
if this form is not completed, a license will not be issued.

SECTION I - APPLICANT INFORMATION

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Send this form to the state licensing agency for completion of Section II. This certification must be submitted directly to the Michigan Board of Audiology by the state licensing agency where you were originally licensed.

First Name	Middle Name	Last Name
Social Security Number		Date of Birth
Street Address		
City		
State		ZIP Code
Daytime Phone Number	All Previous Names and/or Birth Name Used (if applicable)	

Professional School Attended
Street Address
City
State
ZIP Code

Signature of Applicant	Date
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APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE LICENSING AGENCY IN THE STATE FROM WHICH YOU ARE ENDORSING FOR COMPLETION OF SECTION II OF THIS FORM.

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

www.michigan.gov/healthlicense

Name

THIS SIDE TO BE COMPLETED BY THE LICENSING AGENCY IN THE STATE FROM WHICH THE APPLICANT IS ENDORSING

SECTION II - CERTIFICATION OF LICENSE INFORMATION

Please complete the following, noting any exceptions to the information requested. Return this completed certification directly to the Michigan Board of Audiology at the address shown on the reverse side of this form.

Applicant's Name as Licensed	
License Number	Date Issued
License Status	Expiration Date
<p>1. Has the applicant incurred any disciplinary proceedings in your state? (Please attach certified copies of any actions.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are disciplinary proceedings pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has the applicant's license ever been limited, denied, surrendered, suspended or revoked? (Please attach certified copies of any actions.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

LICENSURE REQUIREMENTS

Licensure requirements in effect at the time applicant was licensed in your state:	
<input type="checkbox"/> Degree <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral	
<input type="checkbox"/> Accredited School	
<input type="checkbox"/> ASHA Certification	
<input type="checkbox"/> AAA Certification	
<input type="checkbox"/> Licensure Exam - Please Specify	<input type="checkbox"/> Praxis Series II
<input type="checkbox"/> National Teacher's Examination in Audiology	
<input type="checkbox"/> Other: Please Specify _____	

Please indicate which licensure requirements were met by this applicant:	
<input type="checkbox"/> Degree <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral	
<input type="checkbox"/> Accredited School	
<input type="checkbox"/> ASHA Certification	
<input type="checkbox"/> AAA Certification	
<input type="checkbox"/> Licensure Exam - Please Specify	<input type="checkbox"/> Praxis Series II
<input type="checkbox"/> National Teacher's Examination in Audiology	
<input type="checkbox"/> Other: Please Specify _____	

I verify that the information provided in this certification is true according to the records of this Board.	
_____ Authorized Signature	_____ Date of Signature
_____ Print or Type Name and Title	
_____ State Board	
(S E A L)	

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Audiology <input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry	<input type="checkbox"/> Osteopathy <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry
<input type="checkbox"/> Psychology <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Sanitarians <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary		
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board